

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9<sup>th</sup> STREET  
SACRAMENTO, CA 95814-7043  
(916) 322-4336 FAX (916) 324-2875



**CALL FOR ABSTRACTS**  
**STATE EMS AUTHORITY EMS-C CONFERENCE**  
**NOVEMBER 9 – 10, 2000**  
**BAHIA HOTEL, SAN DIEGO**

The State of California EMS Authority is accepting abstracts for presentation at the Emergency Medical Service for Children Conference which is being held in San Diego on November 9 -10, 2000.

Abstracts may be in the areas of emergency and critical pediatrics, clinical research, systems, education, policy, trauma, injury/illness prevention, outcomes, or other areas of interest in EMS-C. All submissions will be evaluated and ranked according to a peer-review process by experts in the field of EMS-C. Papers will be judged on originality, scientific quality, and potential impact on EMS care. Authors may be invited to present the work as a platform oral presentation or poster.

**INSTRUCTIONS FOR PREPARATION**

***Deadline: July 24, 2000. Submitters will be notified by September 15, 2000.***

1. The attached Abstract Reproduction Form and Paper Questionnaire must be used by persons who wish to present a paper or poster at the EMS-C conference.
2. Prepare a structured abstract of your work. It must fit single spaced within the rectangle of the Abstract Reproduction Form. Double space on Side 2 of the Paper Questionnaire. It should be between **200-250** words. The content of the abstract should follow the structured format to include: **Background, Objective, Design/Methods, Results and Conclusions.** Please use font size 12.
3. Type the abstract (single spaced) on the Abstract Reproduction Form using full width to the lines. The heading of the abstract should include: (1) the title of the paper typed in capital letters; (2) the initials and last name of the authors without degrees or titles; and (3) the institution, agency, etc., and city where the work was done. The proper form is illustrated below.

**EXAMPLE**

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A RANDOMIZED CONTROLLED STUDY OF OUT-OF-HOSPITAL AIRWAY MANAGEMENT OF PEDIATRIC PATIENTS. M. Gauche, R.J. Lewis, S.J. Stratton, B.E. Haynes, C.S. Gunter, S.M. Goodrich, P.D. Poore, M. D. McCollough, D.P. Henderson, F. D. Pratt, J.S. Seidel Department of Emergency Medicine , Harbor-UCLA Medical Center, Torrance, Los Angeles And Orange County EMS Agencies.

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4. Fill out side 1 of the Paper Questionnaire.
5. On side 2 of the Paper Questionnaire, type the abstract with title but **without** authors, institutions, or agency. This anonymous copy will be used by the reviewers. It should be double spaced and follow the structured abstract format, including appropriate section labels.
6. Mail the materials to:

State of California Emergency Medical Services Authority  
ATTENTION: Bonnie Sinz, RN  
1930 9<sup>th</sup> Street  
Sacramento, CA 95814-7043
7. The following materials must reach the above address by **July 24, 2000**:
  - a. Abstract Reproduction Form
  - b. Copy of the Abstract on a Diskette in Word or Rich Text format
  - c. Paper Questionnaire
  - d. Self-addressed Stamped Postcard. Please print the abstract title, the name and address of the sender, and place a stamp on the postcard. This card will be returned to the sender upon receipt of the abstract.

**Please note the abstract submission forms (*paper questionnaire, side 1 and side 2, and the abstract reproduction form*) may be reproduced.**

Sincerely,

Richard E. Watson,  
Interim Director

Enclosures

# EMS-C CONFERENCE



## ABSTRACT REPRODUCTION FORM

(This form may be reproduced)

# STATE EMS AUTHORITY PAPER QUESTIONNAIRE

*(Instructions for preparation included in call for abstract letter)*

## TYPE IN THE FOLLOWING BLANKS:

Title of Abstract: \_\_\_\_\_

\_\_\_\_\_

Authors identified by initial(s) and last name and listed in the order in which they should appear on the abstract:

\_\_\_\_\_

Department; institution; city, county, and state where the work was done:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

First and last name, telephone and fax numbers of author who will present the paper, if accepted. \_\_\_\_\_

\_\_\_\_\_

## PLEASE ANSWER THE FOLLOWING:

a. Has this work been accepted for publication? \_\_\_\_\_ No \_\_\_\_\_ Yes

*Note that if the answer is yes, a copyright release from the journal which holds the copyright must accompany this submission.*

Please choose: ☐ Oral Presentation ☐ Poster Presentation ☐ Either

b. Please indicate topic category:

- ☐ CLINICAL
- ☐ SYSTEM
- ☐ EDUCATION
- ☐ POLICY
- ☐ TRAUMA
- ☐ PREVENTION
- ☐ OUTCOME
- ☐ OTHER (Specify) \_\_\_\_\_

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**TYPE THE TITLE AND ABSTRACT HERE. DOUBLE SPACE. FOLLOW STRUCTURED FORMAT.**  
*(DO NOT include the authors, institution, or location).*

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